

Certification Application: Company Profile

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NYS OLA TEST VENDOR
Type: **New MBE Application**
App #: **9977887**

Status: **Incomplete**
Started: **1/2/2020**

0% complete

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in **red** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in **yellow** are optional; please complete all those that apply to your business.

Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

*** required entry**

Section Questions

1.A. This business is applying for certification as *

Required

Check one or both categories.

- ☐ Minority Business Enterprise (MBE)
- ☐ Woman Business Enterprise (WBE)

1.B. Business Name *

Required

Enter the full legal name of the business. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction".

1.C. "Doing Business As" (DBA) Name

Optional

Complete if firm does business under an assumed or trade name that is different from its legal name.

1.D. Business Address *

Required

Must represent a physical location; no PO Box allowed.

<input type="text"/>	Address line 1
<input type="text"/>	Address line 2
<input type="text"/>	Address line 3
<input type="text"/>	City
<input type="text"/>	State, Zip, Zip4

1.E. Mailing Address *

Required

<input type="text"/>	Address line 1
<input type="text"/>	Address line 2
<input type="text"/>	Address line 3

			City
	-		State, Zip, Zip4

1.F. Business Phone Number ***Required**

		Ext.	
--	--	------	--

1.G. Alternate Business Number

Optional

		Ext.	
--	--	------	--

1.H. Fax Number

Optional

--	--

1.I. Email Address ***Required**

nystestvendor1@b2gnowtestuser.com

1.J. Website

Optional

--

1.K. Twitter

Optional

--

1.L. Facebook

Optional

--

1.M. Other

Optional

--

1.N. Federal Employer Identification Number (or SSN) ***Required**

A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the [U.S. Internal Revenue Service website](#). Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number but we strongly advise you to apply for an EIN.

--

1.O. Contact Person ***Required**

First Name	Last Name	Title

1.O. Contact Person Phone Number ***Required**

		Ext.	
--	--	------	--

1.P. Name of business' President/Chief Executive Officer/Owner ***Required**

First Name	Last Name	Title

1.Q. Type of ownership

1.R. Date the business was established ***Required**

If this firm has NOT been in business for at least one year, contact the Division at 518-292-5250 or 212-803-2414 to see if you should complete the application. We generally require that the business has been in operation for at least one year and filed its first tax returns.

 (mm/dd/yyyy)
1.S. Based on your business structure are you authorized to do business in the state of NY? (e.g. LLC, LLP, Corporation, Sole Proprietor) ***Required**

If Yes, enter either the state of incorporation for **corporations**, state of organization for **LLCs**, or county of registration for **sole proprietorships** and **partnerships**.

☐ No

☐ Yes

1.T. Did the business exist under a different type of business ownership prior to the date indicated above? ***Required**

If yes, please explain

☐ No

☐ Yes

1.U. Method of Acquisition ***Required**

Check all applicable

☐ Started new business

☐ Bought existing business

☐ Inherited business

☐ Secured concession

☐ Secured franchise

☐ Merger or consolidation

☐ Other (explain:)
1.V. Date of acquisition**Optional**
 (mm/dd/yyyy)
1.W. Gross Receipts ***Required**

Three entries must be made. If this firm has been in business for less than 3 years, complete as applicable and enter 0 if no revenues for prior year(s). If the firm has no revenues in the last three years, you must provide proof of business activity by including a signed contract or purchase order with your application.

Year Ending	Total Receipts
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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1.X. Number of employees *

Required

Enter the number of employees, **excluding all owners**, over the past year. **If no employees for any category, enter 0. If the business has more than 300 employees, it is not eligible for our program.**

Permanent

Temporary/Seasonal

Full-time

Full-time

Part-time

Part-time

1.Y. In what regions of New York State are you willing to conduct your business activity? *

Required

Check all that apply.

☐ **All**

or

- | | | |
|---|--|--|
| <input type="checkbox"/> New York City | <input type="checkbox"/> Western NY | <input type="checkbox"/> Central NY |
| <input type="checkbox"/> Long Island | <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Capitol Region | <input type="checkbox"/> North Country | <input type="checkbox"/> Mohawk Valley |
| <input type="checkbox"/> Mid-Hudson | | |

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Certification Application: Ownership Information for Corporation

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in **red** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in **yellow** are optional; please complete all those that apply to your business.

Question Color Coding	
	Required & incomplete
	Optional & incomplete
	Complete

* required entry

Section Questions

2.A. Name & position of all person(s) with ownership interest in this business. *

Required

Name	Position	Gender & Ethnic Group	Citizen	Date of Ownership	Ownership %	Voting %
		Gender				
				(mm/dd/yyyy)	%	%
		Ethnic Group				
		Gender				
				(mm/dd/yyyy)	%	%
		Ethnic Group				

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2.B. Are any of the business owner's family members? *

Required

If yes, please explain below.

☐ No

☐ Yes

2.C. Has ownership changed since the business was created? *

Required

If yes, please describe below.

☐ No

☐ Yes

2.D. If this business is owned in full or in part by another business, please identify the business and percentage of ownership

Required

interest. *

Include venture capitalists and other similar investors.

☐ None

☐ Yes

Firm Name	Address	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2.E. Please identify the cash and capital contributions to this business by those identified as owners above. *

Required

Please include gifts, equipment, loans, and expertise.

Contributor/Source	Amount/Value	Type	Date of Contribution
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2.F. Identify holdings of all shareholders *

Required

Shareholder	Number of Shares	Class	Amount Paid When Purchased	Date of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> (mm/dd/yyyy)

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2.G. Number of shares *

Required

If no shares in a category, enter 0.

	Authorized Shares	Issued Shares
Common Stock	<input type="text"/>	<input type="text"/>
Preferred Stock	<input type="text"/>	<input type="text"/>
Total Shares	0	0

[Update total shares calculation.](#)

2.H. List of current Board of Directors *

Required

Name	Title/Position	Date Appointed	Ethnicity	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>

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Certification Application: Commodities and Services

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Click **Save Draft** frequently to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

 You must enter at least one NAICS code that best represents your firm's business. Up to 9 additional (optional) NAICS codes can be added to better define your firm's activities.

Question Color Coding

<div></div>	Required & incomplete
<div></div>	Optional & incomplete
<div></div>	Complete

[Click to view the list of documents that you must submit if you are requesting services for your profile or commodity/work codes](#)

*** required entry**

Section Questions

3.A. If licensing, permits or accreditation is required to conduct the business, please identify *

Required

☐ Not applicable or no licenses/permits held

☐ Yes

Type of License/Permit	Issued By	Issue Date	Expiration Date	Name of License/ Permit Holder
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.B. Business Categories *

Required

Check all that apply to your firm.

☐ Construction Related

☐ Manufacturer/Supply

☐ Professional Service

☐ Broker

☐ Technical Service

☐ Retail

☐ Consumer Service

☐ Financial Services

☐ Franchise

☐ Other - explain:

3.C. Describe principal products/commodities sold, specialties or services offered *

Required

Note: This description will be used on the public directory. Be very specific about what commodities or services your firm provides. Please note, your firm will only receive product code designations that have been verified during the review of your application.

3.D.1. Provide the business' primary North American Industry Classification System (NAICS) number *

Required

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.2. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.3. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.4. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.5. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.6. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.7. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.8. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

3.D.9. Provide the business' Additional North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

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Certification Application: Business Operations

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*** required entry**

Question Color Coding	
<div></div>	Required & incomplete
<div></div>	Optional & incomplete
<div></div>	Complete

Section Questions

4.A. Identify those individuals responsible for managerial operations *

Required

1. Financial Decisions

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

» [Copy records in Section 1 to Sections 2-12 below.](#) Any existing information will be overwritten.

2. Estimating

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3. Preparing Bids

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4. Negotiating Bonding

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5. Negotiating Insurance

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6. Marketing & Sales

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

7. Hiring & Firing

Name	Title/Position	Ethnicity	Gender	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

				<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

8. Supervising Field Operations

Name	Title/Position	Ethnicity	Gender	Owner
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

9. Purchasing Equipment/Supplies

Name	Title/Position	Ethnicity	Gender	Owner
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

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10. Managing & Signing Payroll

Name	Title/Position	Ethnicity	Gender	Owner
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

11. Negotiating Contracts

Name	Title/Position	Ethnicity	Gender	Owner
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

12. Signatories for Business Accounts

Name	Title/Position	Ethnicity	Gender	Owner
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

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4.B. Is this business currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority? * **Required**

If yes, identify agency, and include the name and contact person.

☐ No

☐ Yes

4.C. List the three largest completed accounts for which the business has provided goods or services within the last three years. * **Required**

☐ No projects completed

☐ Yes

Firm/Organization Name	Phone	Location of Project	Type of Work	Project Start Date	Project Completion Date	Dollar Value of Contract
				(mm/dd/yyyy)	(mm/dd/yyyy)	
				(mm/dd/yyyy)	(mm/dd/yyyy)	

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.D. List the three largest active projects on which your business is currently working. * **Required**

☐ No projects currently underway

☐ Yes

Firm/Organization Name	Phone	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
				(mm/dd/yyyy)	(mm/dd/yyyy)	

--	--	--	--	--	--	--

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.E. Is the business bonded? *

Required

If yes, provide details below.

☐ No bonding currently in place

☐ Yes:

Agent/Broker:

Address:

address

Contact Person:

city

Phone Number:

state/zip

Bonding type:

Binder Number:

Bonding limit - Aggregate:

Bonding Limit - Project:

4.F. Is the business a Union Shop? *

Required

If yes, provide details below.

☐ No

☐ Yes

Name of Union

Local Number

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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Main Signature Submit Utilities Cert Lis

NYS OLA TEST VENDOR
Type: New MBE Application
App #: 9977887

Status: **Incomplete**
Started: 1/2/2020

10% complete

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in **red** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in **yellow** are optional; please complete all those that apply to your business.

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

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* required entry

Section Status

Company's Assets & Liabilities Section Status **Incomplete**
- 7 incomplete out of 7 required

Section Questions

5.A. List rented, leased, or owned office facilities. *

Required

If yes, provide details below.

☐ None

☐ Yes

Street Address	Owned or Leased	Current Value of Property or Lease

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5.B. List rented, leased, or owned warehouse, plant, and yard facilities. *

Required

If yes, provide details below.

☐ None

☐ Yes

Street Address	Owned or Leased	Current Value of Property or Lease

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5.C. List major equipment or machinery that is owned or leased by the business. *

Required

If yes, provide details below.

☐ None

☐ Yes

Type of Equipment	Make/Model	Current Value	Owned or Leased
		\$	
		\$	

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5.D. List vehicles that are owned or leased by the business. *

Required

If yes, provide details below.

☐ None

☐ Yes

Type of Vehicle	Make/Model	Current Value	Owned or Leased

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5.E. Identify Bank(s) where all business accounts are maintained (checking, savings, CDs, etc.). *

Required

Name of Institution	Address	Contact person	Type of Account
---------------------	---------	----------------	-----------------

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5.F. Do you have a line of credit? *

Required

If yes, provide details below.

☐ No lines and/or letters of credit

☐ Yes

Source	Limit	Name of Guarantor(s)

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5.G. Major current creditors and/or lenders and types of investments and/or loans in the business. *

Required

If yes, provide details below.

☐ None/No loans outstanding

☐ Yes

Name of Creditor/Lender	Type of Investment Credit/Loan	Original Dollar Value of Investment/ Terms/ Credit/ Loan	Current Balance	Name of Guarantor(s)	Purpose of Loan

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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Certification Application: Relationships with other Businesses

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NYS OLA TEST VENDOR
 Type: **New MBE Application**
 App #: **9977887**

Status: **Incomplete**
 Started: **1/2/2020**

10% complete

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in **red** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in **yellow** are optional; please complete all those that apply to your business.

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

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Cancel

* required entry

Section Status

Relationships with other Businesses Section Status

Incomplete
 - 12 incomplete out of 12 required

Section Questions

6.A. Do any of the key personnel perform a management or supervisory function for any other business? *

Required

If yes, provide detail for each person.

☐ No☐ Yes

Person	Title	Business Name	Function
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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6.B. At present, or at any time in the past, has your business consisted of a partnership in which one or more of the partners are other businesses? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.C. Do any principals, officers and/or owners of the business have an affiliation (e.g. business interest or employment) with any other business? *

Required

If yes, complete the following.

☐ No☐ Yes

Name of Person	Firm Name	Firm Address	Nature of Business	Nature of Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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6.D. At present, or at any time in the past, has your business been a subsidiary of any other business? *

Required

If yes, provide detail below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.E. At present, or at any time in the past, has your business owned any percentage of any other business? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.F. At present, or at any time in the past, has your business had any subsidiaries? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.G. At present, or at any time in the past, has any other business ever had an ownership interest in the applicant business? *

Required

If yes, provide details below.

☐ No

☐ Yes

Firm Name	Contact Name	Address	Phone

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6.H. Do any of your immediate family members own or manage another business? *

Required

If yes, provide details below.

☐ No

☐ Yes

Name of Person	Relationship	Company Name	Type of Business	Own or Manage?

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.I. Does the business share office space with any other business? *

Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.J. Does your business rely on any other business for management functions or employee payroll? *

Required

If yes, provide details below.

☐ No

☐ Yes

6.K. Does the business share yard space/warehouse space with any other business? *

Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

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6.L. Does the business share equipment (including rentals) with any other business? *

Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

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Certification Application: Outside Consultants

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NYS OLA TEST VENDOR

Type: **New MBE Application**App #: **9977887**Status: **Incomplete**Started: **1/2/2020**

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Question Color Coding

	Required & incomplete
	Optional & incomplete
	Complete

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Cancel

* required entry

Section Status

Outside Consultants Section Status

Incomplete**- 3 incomplete out of 3 required**

Section Questions

7.A. C.P.A or Accountant for business *

Required

If yes, provide details below.

☐

Provider is:

Firm:

Address:

Address

Contact Person:

City

Phone Number:

State/Zip

Email:

☐

None used

7.B. Attorney for business *

Required

If yes, provide details below.

☐

Provider is:

Firm:

Address:

Address

Contact Person:

City

Phone Number:

State/Zip

Email:

☐

None used

7.C. Consultants for business *

Required

If yes, provide details below.

☐ No☐

Yes

Firm Name	Person	Nature of Business Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Certification Application: Other Certifications

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 Type: **New MBE Application**
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Question Color Coding

 	Required & incomplete
 	Optional & incomplete
 	Complete

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* required entry

Section Status

Other Certifications Section Status **Incomplete**
- 1 incomplete out of 1 required

Section Questions

8.A. Has the business applied for certification as an MWBE with another governmental agency, department or authority? *

Required

If yes, provide details below for each application.

☐ Yes

Agency & Contact		Type of Action	Certification Type	Date of Action	Pending Appeal? (& Date)
<input type="text"/>	Agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Optional field, enter only if applicable)
<input type="text"/>	Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Phone	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)	<input type="text"/>
<input type="text"/>	Agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Optional field, enter only if applicable)
<input type="text"/>	Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Phone	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)

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☐ No

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